SCHEDULE B (FEC Form 3X)

SCIEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s) for each category of the Detailed Summary Page		-OR LIN check o				L P	AGE	23 / 2	/
ITEMIZED DISBURSEMENTS			21b 27	2	_	23 28b	24 28c	H	25 29	26 30
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name										
 NAME OF COMMITTEE (In Full) 	and address of any political	COITIII	iillee lo	SUIICIL C	OHILIDU	110115 110	JIII SUUII	COITIII	IIII	
QUALCOMM INCORPORATED POLITICA	L ACTION COMMITTEE	E (QP	AC)							
Full Name (Last, First, Middle Initial)							SB23.5	5775		
RELY ON YOUR BELIEFS FUND				D	ate of D	Disburse / D		v · v	V	V
Mailing Address 209 PENNSYLVANIA AV	E, SE				9 4	1	3 / S	2	0 Ď 5	
City WASHINGTON	State Zip Code DC 20003			A	mount	of Each	Disburs	emen	t this P	eriod
Purpose of Disbursement			-					, 5	0.000	0
CONTRIBUTION		-	11							
Candidate Name			egory/ ype							
Office Sought: House Disburse	ment For: Primary General									
President	Other (specify)									
State: District:	·									
Full Name (Last, First, Middle Initial) REYNOLDS FOR CONGRESS							SB23.5	5771		
RETNOLDS FOR CONGRESS					м м	Disburse / D	D /	Y Y	Y _	Υ
Mailing Address PO Box 15388 PITTSFORD					3	3	1	2	0 Ď 5	
,	State Zip Code NY 14615			A	mount	of Each	Disburs	emen	t this P	eriod
Purpose of Disbursement CONTRIBUTION			.4.4	7 L				. 1	500.0	0
Candidate Name		-	egory/							
THOMAS M REYNOLDS			ype							
Office Sought: X House Disburse Senate	ment For: 2006 Primary X General									
President	Other (specify) ▼									
State: NY District: 26										
Full Name (Last, First, Middle Initial) SEARCHLIGHT LEADERSHIP FUND						t <mark>ion ID:</mark> Disburse	SB23.5 ement	5756		
Mailing Address 422 C St. NE					M M	/ DO	D /	Y Y	0 0 5	Υ
Lower level					•					
City Washington	State Zip Code DC 20002			A	nount	of Each	Disburs	-		-
Purpose of Disbursement CONTRIBUTION		n	11	7 L				2	500.0	0
Candidate Name		Cat	egory/ ype							
	ment For:									
Senate President	Primary General Other (specify) ▼									
State: District:	outor (opcomy) ▼									
SUBTOTAL of Disbursements This Page (optional)			▶	Γ				9	0.000	0
TOTAL This Period (last page this line number only)										